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ITEM 6      MEDICAL CARE AND ANY OTHER TYPE OF REMEDIAL CARE RECOGNIZED  
              UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS WITHIN  
              THE SCOPE OF THEIR PRACTICE AS DEFINED BY LAW

A.    Podiatrist's Services

Podiatrists' services are limited to non-routine foot care.

The following are routine foot care services and are excluded, regardless of who performs them:

1.    Treatment of flat foot conditions and supportive devices used in such treatment.
2.    Treatment of subluxations of the foot (structural misalignments of the joints of the feet) not requiring surgical procedures (i.e., treatment by strapping, electrical therapy, manipulations, massage, etc.)
3.    Cutting or removal of corns or calluses, trimming of nails and preventative or hygienic care of the feet.

The fact that an individual is unable, due to physical disability, to perform routine foot care services for himself does not change the character of the services and make them "non-routine".

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OMB No.: 0938-

State/Territory: Vermont

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of  
limitations, if any.  
☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health  
agency or by a registered nurse when no home health agency exists in the  
area.

Provided: ☐ No limitations ☒ With limitations\*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the  
home.

Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

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\*Description provided on attachment.

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ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE  
RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED  
PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS  
DEFINED BY STATE LAW (continued)

b. Optometrists' Services

Vision care services are limited to the following\* (when provided by a  
licensed physician or optometrist approved to participate in Medicaid):

- One complete visual analysis including refraction once every two  
years per eligible beneficiary.
- One interim diagnostic eye exam once every two years per eligible  
beneficiary.
- Contact lenses/special lenses with prior authorization.
- Other aids to vision, such as closed circuit television, when the  
beneficiary is legally blind and when providing the aid to vision would  
foster independence by improving at least one activity of daily living  
(ADL or IADL).

\*With the exception of services authorized for coverage via the procedure for  
requesting Medicaid coverage of a service or item (M108) found at Attachment 3.1-A  
Page 60.

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ITEM 6. MEDICAL CARE AND ANY OTHER TYPE OF REMEDIAL CARE RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW (continued)

c. Chiropractic Services

Chiropractic services are limited to that manual manipulation of the spine for the correction of a subluxation up to ten treatments in a calendar year.

Treatments for children under 12 years of age require prior authorization.

X-rays for diagnosis of the subluxation are not covered.

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ITEM 6. MEDICAL CARE AND ANY OTHER OF REMEDIAL CARE RECOGNIZED UNDER STATE LAW, FURNISHED BY LICENSED PRACTITIONERS WITHIN THE SCOPE OF THEIR PRACTICE AS DEFINED BY STATE LAW (continued)

D. OTHER PRACTITIONERS' SERVICES

1. Psychologists' Services:

The services of a licensed psychologist practicing independently are covered up to a \$500.00 limit per beneficiary per calendar year for psychotherapy.

Extensions of the \$500.00 limit may be granted by prior authorization.

No reimbursement is allowed if the beneficiary is an inpatient or outpatient of a general hospital, resident in a mental hospital or a patient concurrently receiving services at a mental health clinic.

2. Opticians' Services:

Vision care services are limited to the coverage of eyeglass-dispensing services.

3. Nurse Practitioner Services:

Services are limited to those covered in the State Plan and as contained in protocols reviewed and accepted by the Vermont State Board of Nursing and the Vermont Board of Medical Practice.

4. High-Tech Nursing Services:

High-tech nursing services are nursing services furnished by licensed registered nurses and licensed practical nurses and are limited to technology-dependent beneficiaries who are receiving care through the Medicaid "High-Tech Program". All services must be prior authorized by the Medicaid Division.

8/4/99

ITEM 7. HOME HEALTH SERVICES

Home health services are listed to those required on an intermittent basis. Covered home health services under this Plan are those that are provided by the staff of a Medicare certified and Medicare participating home health agency or visiting nurse association.

- a) Intermittent or part-time nursing ordered by and included in the Plan of treatment established by the physician.

An initial visit by a registered nurse or appropriate therapist for the assessment of the need for home health services by observation and evaluation of function may be covered either in the community or the hospital. If nursing care is ordered and provided during the visit, only one service (either the initial visit or the care) will be covered.

- b) Home health aide services must be documented in the Plan of treatment and supervised by the appropriate therapist or the registered nurse. Personal care services may be performed by the aide when they are incidental to the medical care being provided.
- c) Medical supplies are limited to those required to perform the services ordered by the physician. Routine small cost items (eg. cotton balls, tongue depressors, etc.) are covered in the visit or hourly rate paid to the agency. Agencies owning equipment may be reimbursed a rental fee for the loan of such equipment as meets the needs of the beneficiary as documented in the plan of treatment. Medicaid will not pay the agency for the purchase of equipment.
- d) Rehabilitative therapy services whether occupational therapy, physical therapy or speech pathology services, are limited to four months, after which prior authorization must be requested of and granted by the Medicaid Division for reimbursement to be made. Unless, the service may not be reasonably provided by the patient's support person(s) and the patient undergoes another acute care episode or injury, or experiences increased loss of function, or deterioration of the patient's condition requiring therapy is imminent and predictable, authorization will not be granted for more than one year from the start of treatment. Rehabilitative services requiring treatment which cannot be brought into the home, will be covered provided the agency has met the certifying standards for that service under their participation agreement with Medicare.

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ITEM 8. Private duty nursing services:

Private duty nursing services are provided to EPSDT eligible recipients only. Some services may require medical necessity review.

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AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Services for individuals with speech, hearing, and language disorders  
(provided by or under the supervision of a speech pathologist or  
audiologist).

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

\*Description provided on attachment.

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ITEM 9. CLINIC SERVICES

a. Services of medical care clinics, physician group practices or Indian health services are limited in accordance with the limits to Physicians' Services set forth in this plan.

b. Mental Health clinic services are those services provided by mental health clinics which are facilities, not a part of a hospital, established for the purpose of providing mental health care and services to outpatients. Beneficiaries receiving Community Rehabilitation and Treatment (CRT) services under the 1115 waiver are ineligible for these State Plan services. A mental health clinic eligible for participation under the Plan must meet all of the following conditions:

1. Be an incorporated, non-profit clinic governed by an elected board of directors, who reside in the catchment area of the facility.
2. Have an organized, multi-disciplinary professional staff.
3. Be a clinic which renders services without regard to the patient's ability to pay; and
4. Be a clinic which conforms to the standards for mental health clinics published by the Commissioner of the Department of Developmental and Mental Health Services.

Services eligible for reimbursement under the Plan shall be provided according to an individualized patient treatment plan which shall be prescribed by a physician or formulated with physician participation. The treatment plan or the process of treatment shall be regularly reviewed by the physician. Services shall be provided by the physician or by a qualified mental health professional on the staff of the clinic or other participating home and community based providers considered by the prescribing physician to be a competent therapist or practitioner.

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